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DATE: January 15, 2004

FROM:

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TELEPHONE: (303) 938-9999 ext. 22**NUMBER OF PAGES (including this page):** 12**EMAIL:** swebb@dsoblaw.com**TO:**

USPTO Centralized fax

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Application No. 09/650,984

Filed: 8/30/2000

Art Unit: 2667

Examiner: Blanche Wong

Docket No. 1156a

MESSAGE Attached for filing are the following:

1. Transmittal (one page);
2. Response to the Office Action dated 12/18/03 (10 pages).

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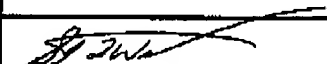
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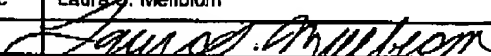
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/650,984; Confirmation No. 1263	
	Filing Date	8/30/2000	
	First Named Inventor	Martin J. Kaplan	
	Art Unit	2667	
	Examiner Name	Blanche Wong	
Total Number of Pages in This Submission	10	Attorney Docket Number	1156a

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Steven L. Webb, Reg. 44,385	
Signature		
Date	1/15/04	

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